

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 SS2480

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1	
TOTAL DEP.	19	↔	↔	↔	↔	↔
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.			1		1	
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

C. Burt

Charlotte Burt

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